

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. 101606501 | FILING DATE | |
|---|----------|-----|------------------------|-----|------------------------|-------------------------|--------------|-----|
| | | | | | | APPLICANT(S) | | |
| | | | | | | CLAIMS | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | |
| | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | 1 | | | | 51 | |
| 2 | 1 | | 1 | | | | 52 | |
| 3 | 1 | | 1 | | | | 53 | |
| 4 | 1 | | 1 | | | | 54 | |
| 5 | 1 | | 1 | | | | 55 | |
| 6 | 1 | | 1 | | | | 56 | |
| 7 | 1 | | 1 | | | | 57 | |
| 8 | 1 | | 1 | | | | 58 | |
| 9 | 1 | | 1 | | | | 59 | |
| 10 | 1 | | 1 | | | | 60 | |
| 11 | 1 | | 1 | | | | 61 | |
| 12 | 1 | | 1 | | | | 62 | |
| 13 | 3 | | 3 | | | | 63 | |
| 14 | 1 | | 1 | | | | 64 | |
| 15 | 1 | | 1 | | | | 65 | |
| 16 | 1 | | 1 | | | | 66 | |
| 17 | 1 | | 1 | | | | 67 | |
| 18 | 1 | | 1 | | | | 68 | |
| 19 | | | | | | | 69 | |
| 20 | | | | | | | 70 | |
| 21 | | | | | | | 71 | |
| 22 | | | | | | | 72 | |
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| 47 | | | | | | | 97 | |
| 48 | | | | | | | 98 | |
| 49 | | | | | | | 99 | |
| 50 | | | | | | | 100 | |
| TOTAL IND. | 3 | | 4 | | | | TOTAL IND. | |
| TOTAL DEP. | 12 | ← | 12 | ← | 12 | ← | TOTAL DEP. | ← |
| TOTAL CLAIMS | 15 | | 16 | | | | TOTAL CLAIMS | ← |